

**VIRGINIA RISK CONTROL INSTITUTE**

**Application for Enrollment**

**To register: Complete form and fax to 804-786-8840 or e-mail to pam.goetz@dhrm.virginia.gov.**

I would like to apply for acceptance into the VRCI Spring, 2019 section. I understand that I am expected to ***attend all eight days*** as listed below.

\_\_\_\_\_ RC-6: Industrial Hygiene  
February 13 and 14 (Richmond), March 18 and 19 (remote), April 9 and 10 (remote), May 6 and 7 (Richmond)

\_\_\_\_\_ RM-2: Insurance Law  
February 12 and 13 (Richmond), March 12 and 13 (remote), April 16 and 17 (remote), May 14 and 15 (Richmond)

Applicant's Name: \_\_\_\_\_

Job Title: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email Address: \_\_\_\_\_

Agency: \_\_\_\_\_

Mail Address: \_\_\_\_\_

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 Years of College: 1 2 3 4 5+

If you did not complete high school, do you have an earned high school equivalency diploma (GED)?

\_\_\_ **Yes** \_\_\_ **No**

Number of employees in the agency or division for whom you are responsible for safety, workers' compensation, and/or risk management? \_\_\_\_\_

Percentage of time spent involved with safety? \_\_\_\_\_% workers' compensation \_\_\_\_\_%, risk management \_\_\_\_\_%

Is your agency/institution insured by DHRM's Workers' Compensation Services? Yes No

Is your agency/institution insured by the Division of Risk Management? Yes No

If so, what insurance does your organization buy from DHRM/OWC or TRS/DRM?

Briefly state how you and your agency/local government will benefit from this class:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that I cannot miss any classes and that this is a college level class requiring considerable personal study and project time.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

I understand that the above named employee will be required to be away from work on eight (8) days during a six-month period. I will not interrupt class or in any way limit his/her attendance on these dates. If the employee fails to complete the course, I understand that my agency may be responsible for repayment of the tuition fee.

Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor's Name (please print) \_\_\_\_\_

Supervisor's email address \_\_\_\_\_